

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/676 876

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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47						
48						
49						
50						
TOTAL IND.	11		11			
TOTAL DEP.	15		15			
TOTAL CLAIMS	26		26			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						